



**Service
Insights
DC TEFAP**

FOR STAFF USE ONLY:

Barcode #: _____

Service Insights Intake Form – Please Print Clearly

Highlighted fields are required

Date: _____

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Ward: _____ ☐ No Fixed Address

Total Number of People in Household: _____

INSTRUCTIONS FOR STAFF: Subtract one from the total number above when adding additional household members in SI.

Is anyone in your household currently receiving SNAP, also known as food stamps? ☐ Yes ☐ No
☐ Don't know / prefer not to answer

Households that receive SNAP are eligible for TEFAP.

Other Government Programs (select all that apply):
Households that receive TANF are eligible for TEFAP.
Households of one person who receive Medicaid are eligible for TEFAP.

- ☐ **TANF or cash assistance**
- ☐ **Medicaid**
- ☐ Supplemental Security Income (SSI)
- ☐ Medicare
- ☐ Women, Infants, and Children (WIC)
- ☐ Social Security
- ☐ Worker's Compensation
- ☐ Earned Income Tax Credit (EITC) or other refundable tax credit

- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Unemployment
- ☐ Housing subsidies
- ☐ Veteran's Assistance
- ☐ Commodity Supplemental Food Program (CSFP)
- ☐ Children's Health Insurance Program (CHIP)
- ☐ Free/reduced price school meals
- ☐ Social Security Disability Insurance (SSDI) or disability payments
- ☐ None

Household Income:

\$ _____ per week **OR** \$ _____ per month **OR** \$ _____ per year

Proxy: Is there someone else who may pick up food for you?

Name: _____ Phone Number: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20PCComplaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
2. Fax: (833) 256-1665 or (202) 690-7442; or
3. Email: Program.Intake@usda.gov.

This institution is an equal opportunity provider.

The following questions are optional and will not impact your TEFAP service.
Any information you choose to provide will only be used to improve our services to the community.
Highlighted fields will help us the most to serve you better!

Email Address: _____

Phone Number: _____

☐ OK to contact via email

☐ OK to contact
via phone

☐ No phone

Preferred method of communication:

☐ Text

☐ Call

☐ Email

Date of Birth: ____ / ____ / ____ (MM/DD/YYYY) or **Age:** _____

Gender:

☐ Male

☐ Female

☐ Transgender

☐ Trans Female / Trans Woman

☐ Trans Male / Trans Man

☐ Non-binary

☐ Gender non-conforming

☐ None of these

☐ Don't know / Prefer
not to answer

Race / Ethnicity (choose all that apply):

☐ White

☐ Black or African American

☐ Asian

☐ Middle Eastern or North African

☐ Native Hawaiian or Other Pacific Islander

☐ Some other race or ethnicity

☐ Hispanic, Latino, or Spanish

☐ Don't know / Prefer not to answer

☐ American Indian or Alaska Native

Preferred Language(s):

☐ English

☐ French

☐ Vietnamese

Do you need translation services?

☐ Spanish

☐ Korean

☐ Arabic

☐ Yes

☐ Amharic

☐ Mandarin

☐ Other: _____

☐ No

Household Members:

Provide the following information for all other people in your household, not including yourself.

| First Name | Last Name | Date of Birth or Age | Gender | Ethnicity |
|------------|-----------|-----------------------------|--------|-----------|
| | | | | |
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Dietary Considerations:

☐ Low-sugar / Low-carb ("diabetes-friendly")

☐ Soft diet / dental concerns

☐ Gluten-free

☐ Halal

☐ Vegetarian

☐ Vegan

☐ Food allergen: _____

☐ Limited / no cooking equipment

☐ Low-sodium / low-saturated fat ("heart healthy")

☐ Other: _____

☐ Kosher

☐ No restrictions

☐ Don't know / prefer not to answer

Military Status:

Has anyone in your household, including yourself, served on active duty in the U.S. Armed Forces? Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard.

☐ Yes, on active duty in the past, but not now

☐ No, never on active duty except for initial/basic training

☐ Yes, now on active duty

☐ Don't know / Prefer not to answer

☐ No, never served in the U.S. Armed Forces